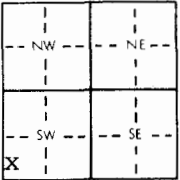


1 LOCATION OF WATER WELL		Fraction	Section Number		Township Number	Range Number
County: <u>Stafford</u>		SW ¼ SW ¼ SW ¼	9		T 23 S	R 12 E <u>W</u>
Distance and direction from nearest town or city? <u>Approx. 3½ miles North and 5¼ miles East of St. John, KS</u>			Street address of well if located within city?			
2 WATER WELL OWNER: <u>W.-W. Dirt Contractors, Inc.</u>						
RR#, St. Address, Box #: <u>Airport</u>			Board of Agriculture, Division of Water Resources			
City, State, ZIP Code: <u>Pratt, KS 67124</u>			Application Number: <u>Not Required</u>			
3 DEPTH OF COMPLETED WELL: <u>57</u> ft. Bore Hole Diameter: <u>9</u> in. to <u>57</u> ft. and _____ in. to _____ ft.						
Well Water to be used as:						
1 Domestic 3 Feedlot		5 Public water supply		8 Air conditioning		11 Injection well
2 Irrigation 4 Industrial		6 Oil field water supply		9 Dewatering		12 Other (Specify below)
		7 Lawn and garden only		10 Observation well		<u>Stock</u>
Well's static water level: <u>12' 4"</u> ft. below land surface measured on <u>8</u> month <u>29</u> day <u>79</u> year						
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm						
Est. Yield <u>Not Checked</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm						
4 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR)		5 Wrought iron		8 Concrete tile		Casing Joints: <u>Glued</u> _____ Clamped _____
2 PVC 4 ABS		6 Asbestos-Cement		9 Other (specify below)		<u>Welded Solvent Weld</u>
		7 Fiberglass		<u>Styrene 200</u>		<u>Threaded</u>
Blank casing dia <u>5</u> in. to <u>37</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.						
Casing height above land surface: <u>12</u> in., weight <u>1.5</u> lbs./ft. Wall thickness or gauge No. <u>200</u>						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel 3 Stainless steel		5 Fiberglass		7 PVC		10 Asbestos-cement
2 Brass 4 Galvanized steel		6 Concrete tile		8 RMP (SR)		11 Other (specify) <u>Styrene 200</u>
				9 ABS		12 None used (open hole)
Screen or Perforation Openings Are:						
1 Continuous slot 3 Mill slot		5 Gauzed wrapped		8 Saw cut		11 None (open hole)
2 Louvered shutter 4 Key punched		6 Wire wrapped		9 Drilled holes		
		7 Torch cut		10 Other (specify) _____		
Screen-Perforation Dia: <u>5</u> in. to <u>57</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.						
Screen-Perforated Intervals: From <u>37</u> ft. to <u>57</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
Gravel Pack Intervals: From <u>27</u> ft. to <u>57</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
5 GROUT MATERIAL:						
1 Neat cement		2 Cement grout		3 Bentonite		4 Other _____
Grouted Intervals: From <u>0</u> ft. to <u>10</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
What is the nearest source of possible contamination:						
1 Septic tank 4 Cess pool		7 Sewage lagoon		10 Fuel storage		14 Abandoned water well
2 Sewer lines 5 Seepage pit		8 Feed yard		11 Fertilizer storage		15 Oil well/Gas well
3 Lateral lines 6 Pit privy		9 Livestock pens		12 Insecticide storage		16 Other (specify below)
				13 Watertight sewer lines		
Direction from well: <u>NE</u> How many feet: <u>500</u> ? Water Well Disinfected? Yes <u>X</u> No _____						
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No <u>X</u>						
If Yes: Pump Manufacturer's name: _____ Model No. _____ HP _____ Volts _____						
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.						
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____						
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <u>8</u> month <u>29</u> day <u>79</u> year						
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>185</u>						
This Water Well Record was completed on <u>10</u> month <u>23</u> day <u>79</u> year under the business name of <u>Clarke Well & Equip., Inc.</u> by (signature) <u>Clarke</u>						
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <u>Well #1</u>						
		FROM		TO		LITHOLOGIC LOG
		0		14		Fine Sand
		14		25		Sandy brown clay
		25		30		Sand & gravel
		30		36		Sandy green clay
36		57		Sand & gravel - Clean		
ELEVATION: <u>Not Available</u>						
Depth(s) Groundwater Encountered 1. <u>12</u> ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)						
INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.						

OFFICE USE ONLY

T

23

R

12

EW

SEC.

9

SW ¼ SW ¼ SW ¼ SW ¼